

4
COPY TO:

WAIVER OF SERVICE OF SUMMONS

Jason Travis Stevens
(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of Stevens vs. Hawth - Sawyer, et al which is case number CV-01-907 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for the objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 8-1-01 (date request was sent), or within 90 days after that date if the request was sent outside the United States.

8/9/01
Date

[Signature]
Signature

Printed/Typed Name:

Jaime Mendez

Title if any:

Warden

Address:

USP Allenwood

For Corporation, if any:

Representing defendant(s) if any:

FILED
SCRANTON

SEP 21 2001

PER [Signature]
DEPUTY CLERK

RECEIVED
MIDDLE/PA
WAIVER OF SERVICE OF SUMMONS

TO:

Jason Travis Stevens
(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of Stevens vs. Hawthorn-Lawyer, et al which is case number CV-01-907 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

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Date

8-31-01

Signature

J. Feeney

Printed/Typed Name:

J. Feeney

Title if any:

SPECIAL INVESTIGATIVE AGENT

Address:

For Corporation, if any:

Representing defendant(s) if any:

FILED
SCRANTON

SEP 21 2001

PER A
DEPUTY CLERK

RECEIVED
WAIVER OF SERVICE OF SUMMONS

TO:

Jason W. Stevens
 (Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of Stevens vs. Hawk - Lawyer, et al which is case number CV-01-907 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

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8-9-01
 Date

[Signature]
 Signature

Printed/Typed Name:

Timothy Moore

Title if any:

Unit Manager

Address:

USP Altoona

For Corporation, if any:

Representing defendant(s) if any:

FILED
SCRANTON

SEP 21 2001

PER [Signature]
 DEPUTY CLERK

RECEIVED
USMS, MIDDLE/PA
WAIVER OF SERVICE OF SUMMONS

TO:

Jason Travis Stevens
(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of Stevens vs. Hawth - Sawyer, et al which is case number CV-01-907 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

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Date

9/7/01

Signature

Margaret Carpenter

Printed/Typed Name:

Margaret Carpenter

Title if any:

SIS Tech

Address:

USP Allentown

FILED
SCRANTON

For Corporation, if any:

SEP 21 2001

Representing defendant(s) if any:

PER M
DEPUTY CLERK

RECEIVED
WAIVER OF SERVICE OF SUMMONS

TO:

Jaxon Travis 2001 SEP 20
 (Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of J. Stevens vs. Hawthorn, which is case number CV-01-907 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

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I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 8-9-01 (date request was sent), or within 90 days after that date if the request was sent outside the United States.

9/14/01
 Date

Steve Klapp
 Signature

Printed/Typed Name:

STEVEN R. KLAPP

Title if any:

SENIOR OFFICER SPEC

Address:

25 SOUTH JONES DR.
WATSONTOWN, PA

For Corporation, if any:

FILED
SCRANTON

SEP 21 2001

Representing defendant(s) if any:

PER M
 DEPUTY CLERK

AO 440 (Rev. 10/93) Summons in a Civil Case

United States District Court

MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL CASE

JASON TRAVIS STEVENS,
Plaintiff

CASE NUMBER: 1:CV-01-907

Judge Kane

v.

KATHLEEN M. HAWK-SAWYER, et al.,
Defendants

To: (For the name and address of defendant(s): **SEE COMPLAINT**)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY

Jason Travis Stevens
FMC-Springfield
Federal Medical Center
PO Box 4000
Springfield, MO 65808

an answer to the complaint which is herewith served upon you, within **60 days** after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MARY E. D'ANDREA, Clerk

DATE: July 19, 2001


(By) Jennifer Kennedy, Deputy Clerk

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	<u>Stevens</u>	COURT CASE NUMBER	<u>CV-01-907</u>
DEFENDANT	<u>Hawk - Sawyer</u>	TYPE OF PROCESS	<u>Sec</u>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	<u>U. S. Attorney</u>		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	<u>Williamsport, PA</u>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<u>1</u>
		Number of parties to be served in this case	<u>1</u>
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or Other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>67</u>	District to Serve No. <u>67</u>	Signature of Authorized USMS Deputy or Clerk <u>G. Lavelle</u>	Date <u>8/1/01</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>U.S. Attorney</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above) <u>S/C</u>	Date of Service <u>8/3/01</u> AUG 10 10 00 am
Signature of U.S. Marshal or Deputy <u>[Signature]</u>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal	Amount of Refund
					<u>FILED SCRANTON</u>	

REMARKS:

SEP 21 2001

PER [Signature]
DEPUTY CLERK

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Stevens</u>	COURT CASE NUMBER <u>CV-01-907</u>
DEFENDANT <u>Hawb-Sawyer</u>	TYPE OF PROCESS <u>54c</u>
SERVE AT	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>208 320 1st St. NW</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Washington, DC 20537</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
Number of process to be served with this Form - 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Numbers, and Estimated Times Available For Service):**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kathleen Hawb
DIRECTOR
U. S. BUREAU OF PRISONS
320 1st STREET, N. W.
WASHINGTON, D.C. 20537

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

PHONE NUMBER

DATE

WRITE BELOW THIS LINE

IS Deputy or Clerk

Date

as shown in "Remarks", the process described
operation, etc., shown at the address inserted below.

med above (See remarks below)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

Signature of U.S. Marshal or Deputy

Address (complete only if different than ...)

102595-00-M-0952

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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4.00

8.00

FILED
SCRANTON

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <i>Stevens</i>	COURT CASE NUMBER <i>CV-01-907</i>
DEFENDANT <i>Hawthorne - Sawyer</i>	TYPE OF PROCESS <i>SEC</i>
SERVE NAME OF INDIVIDUAL, COMPANY CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>The Attorney General, DOJ</i>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>Washington, DC 20530</i>	

AT SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.
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SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) DEPARTMENT OF JUSTICE B. Date of Delivery <i>AUG - 6 2001</i> C. Signature <i>Ernest J. Paker</i> SUPERVISOR D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		NUMBER DATE
1. Article Addressed to: <i>The Attorney General DOJ Washington, DC 20530</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		DATE BELOW THIS LINE Date <i>8/1/01</i>
2. Article Number (Copy from service label) <i>7000 1670 0008</i>		Domestic Return Receipt <i>0554 5088</i>		Date of Service <i>8/6/01</i>
PS Form 3811, July 1999		102595-00-M-0952		Signature of U.S. Marshal or Deputy <i>G. Lanelle</i>
Name and title of individual served (if not shown above) Address (complete only if different than shown above)		Amount owed to U.S. Marshal or FILED SORANTON		Amount of Refund
Service Fee <i>8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>8.00</i>	Amount of Refund